ıex	as Etnics Commission	P.O.Box 12070 Austin,	Texas 78/11-20/0	<u> </u>	(512)463-5800 1-800-325-8506	
		NDIDATE / OFFICE NANCE REPORT	HOLDER	5868	FORM JC/OH COVER SHEET PG 1	
	ne JC/OH Instruction rm.	Guide explains how to comp	lete this 1 ACCOU	INT# Commission (ters)	2 Total pages filed:	
3	CANDIDATE/	MS/MRS/MR FIRST		MI	OFFICE USE ONLY	
	OFFICEHOLDER	Mr Demet	ri Anastasiadis		Date Received	
	NAME	10603	Ames Lane X 78739-1532	SUFFIX	. South National	
4	CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE: ZIP CODE	1	
	OFFICEHOLDER	: a.m.c				
	MAILING ADDRESS	5.4 m E			Date Hand-delivered or Date Postmarked	
					3	
	Change of Address					
5	CANDIDATE/	AREA CODE PHONE NUMBER		EXTENSION	<u> </u>	
	OFFICEHOLDER PHONE	(5 2)	7818		Receipt # Amount	
		MS/MRS/MR FIRST			Date Processed	
6	CAMPAIGN TREASURER	_		1911	Date Imaged	
	NAME	5-11ME			<u> </u>	
		NICKNAME LAST		SUFFIX	သ ∄	
7		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE;	ZIP CODE	
	TREASURER ADDRESS (Residence or business)	SAM	٤			
8	CAMPAIGN	AREA CODE PHONE NUMBER	:	EXTENSION		
	TREASURER PHONE	() SAMM	٤			
9	REPORTTYPE	January 15 30th day b	pefore election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
			efore election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10	PERIOD COVERED	Month Day Year 10 / 2 /0 4	THROUGH	10 / 23	/ O 4	
11	ELECTION	ELECTION DATE ε Month Day Year	LECTION TYPE		_	
		11/2/04	Primary	Runoff	General Special	
12	OFFICE	OFFICE HELD (if any)	13 2	OFFICE SOUGHT (if know	TRICT COVET	
14	NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			1 21/15 11/19		
14		Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
		Name				
		Address / PO Box; Apt. / Suite #; City;	State; Zip Code			
	add Sonal pages					

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Ethics Commission flers)			
17 NOTICE FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the ca e without the candidate's or officeholder's knowledge or consent. Can if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE(S) COMMITTEE TYPE COMMITTEE TYPE					
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
						
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ () ()			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		MIZED \$			
	4. TOTAL POLITICAL EXPENDITURES		\$			
CONTRIBUTION BALANCE						
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD			F THE S			
19 AFFIDAVIT		true and correct and includes all	of perjury, that the accompanying report is information required to be reported by me			
LOVERN GRANT Notary Public, State of Texas My Commission Expires MAY 17, 2008 under Title 15, Election Code. Signature of Candidate or Office holds.						
Notary without Bond AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said DEMETRI ANASTASIADIS, this the						
of <u>SCTORF</u> , 20 <u>94</u> , to certify which, witness my hand and seal of office.						
Signature of officer admi	inistering oath	Print name of officer administering oath	Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

				<u> </u>	
The INSTRUCTIO	N GUIDE explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME	Mr. Demetri Anastasiadis 10603 Ames Lane Austin, TX 78739-1532	3 ACCOUNT # (Etnics Commission filers)			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
10/14	JOHN CARAS		contribution (\$)	description(if applicable)	
194	6 Contributor address; City; State; Zip Code	REL	193, 30]]	
	AUSTIN TX 78738				
9 Contributor's ρ	rincipal occupation UNKNOWN	10 Contributor's job title			
11 Contributor's e	mployer/law firm N	12 Law firm of contributor's spouse (if any)			
13 If contributor is	s a child, law firm of parent(s) (If any) N / A				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution	
10/1/04	SCOTT G-1L Contributor address; City: State; Zip Code PO BOX 19548		\$50,00	description(if applicable)	
	IAUSTIN TX 787/1			 	
Contributor's principal occupation STATE EMPLIJYEE Contributor's job title VEHICLE MANAGE					
Contributor's employer/law firm TEXAS ATTORNEY SENERAL Law firm of contributor's spouse (if any)					
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; State; Zip Code		į	 	
Contributor's p	rincipal occupation	Contributor's job title			
Contributor's e	mployer/law firm	Law firm of contributor's spouse (If any)			
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGE	D CONTRIBUTIONS (JUDICIAL)		:	SCHEDULE B (J)	
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule B(J):			
2 FILER NAME	<u> </u>	-	3 ACCOUNT # (Ethics Commission Flers)		
4 TOTAL	OF UNITEMIZED PLEDGES: □	D D D	⇒ ⇒	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10 Pledgor's princ	! cipal occupation	11 Pledgor's job title			
12 Pledgor's emp	loyer/law firm	13 Law firm of pledgor's spouse (if any)			
14 If pledgor is a	child, law firm of parent(s) (if any)	<u> </u>		-	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor's princ	cipal occupation	Pledgor's job title)	·	
Pledgor's emp	loyer/law firm	Law firm of pledgor's spouse (if any)			
If pledgor is a o	child, law firm of parent(s) (if any)			···	
Date	Full name of pledgorout-o:-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor's princ	cipal occupation	Pledgor's job title			
Pledgor's emp	oloyer/law firm	Law firm of pledgor's spouse (if any)			
If pledgor is a	child, law firm of parent(s) (if any)	. 			
lf contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			rting requirements.	

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